Lii Michif Otipemisiwak
Family and Community Services

Society's Vision
That all Métis children, youth, and families live with love, honour, dignity, and respect knowing they belong to a strong, proud People with a unique heritage and cultural identity.

MICHIF CAREGIVER/RESOURCE STABILITY PLAN

Li Noon di Faamii/Program: Cindy-Lou
Weechihiwaan: Hazel
Chim Kaniikaniit:
La Zhoornii:

Worry: The LMO team is concerned that without the immediate implementation of a plan focused on prevention, consistent caregiver validation, and cultural and family connection, Cindy-Lou's unmet needs will further amplify her feelings of anger, despair, and grief. Unless we pivot to a connection-first caregiving model that addresses her desire for stable adult relationships, she may continue to reject safe connection and support. This increases the risk of resource instability, escalated substance use, and life-threatening harm.

Rules of the Plan: This plan is intended to help caregivers support Cindy-Lou's connection to family, learn to set healthy boundaries, communicate through conflict, validate that she and her feelings matter, and care for her in the way she wants to be cared for.

1) All staff will review the Resource Stability Plan at the start of each shift and will ensure they understand how to implement the plan for the duration of every shift.
2) All staff will respond to Cindy-Lou consistently, in every interaction, using the EFFT script builder prompts provided starting on page 9 of this document and will interact with her as per the guidelines of their roles and responsibilities outlined by their employer.
3) Youth probation, youth forensics and community service hours are scheduled and set up with the expectation that Cindy-Lou attends. If Cindy-Lou refuses to attend the staff are required to communicate the following on behalf of her youth worker:
    a) Should she choose not to attend, appointments will not be continuously rescheduled due to her just not wanting to attend; and if she continuously declines to attend (i.e. choosing to hang out with friends, not wanting to get out of bed, going out in community instead of attending) her EJS may be returned to court. Should this happen:
        i) Cindy-Lou will then have to attend court
        ii) Cindy-Lou be sentenced before a Judge which means Cindy-Lou:
            - Will have no say in what her conditions are
            - Is likely to have many more conditions (i.e. curfew, attending school, abstaining conditions as potential examples)
            - Is likely to have these conditions for a lengthier period (i.e. one year+)
            - Risks additional charges by not following any of those conditions (i.e. breaches)
4) If Cindy-Lou is asking for space, yelling, swearing, name-calling, threatening or showing any other signs of distress (page 4 – "I look like"), caregivers will remember what Cindy-Lou needs and wants in those moments (page 4 – "I want and need") and not take her behaviour as a personal attack.
    a) Caregivers will respond using EFFT validation statements and prompt her to use a tool for self-support and regulation (page 4 – "what works for me").
    b) For example, ***"I can understand why you want me to go to the other room because _____."*** (Give 1-3 examples of why you understand – page 9-10). ***"It makes sense that you feel that way right now. I'm happy to give you some space, but I want to stay close enough if you need anything. How about I head into the kitchen for 15 minutes while you stay here, and then we check in?"***

5) All staff will encourage connection to family, especially mom, by validating Cindy-Lou's feelings and providing support. When Cindy-Lou says she doesn't want to do something or go somewhere with mom respond with validation and support using the EFFT statements provided (pages 9-12).
   a) For example, ***"I can understand why you wouldn't want to go because _____."*** (Give 1-3 reasons – page 9-10). **"This is really hard but you aren't alone. I am here for you. Why don't we _____."** (Offer a practical solution to do the hard thing but have an exit strategy using the EFFT prompts provided on page 11-12.)
6) After an incident or escalation where the caregivers have responded in a way that increased Cindy-Lou's distress response or anger, the caregivers will actively practice repair with Cindy-Lou using the phrases for **Repair and Reconnection** on page 12 of this document.
7) Staff will provide feedback daily in a safety journal to identify which parts of the plan are working and not working with specific behavioural examples of how the caregivers responded to Cindy-Lou and how the EFFT scripting tools are being utilized.
8) Caregivers will complete a debriefing document after any incident within 48 hours of the incident and complete a debrief with Cindy-Lou within the next 5 days.
9) Staff will ensure that Cindy-Lou's weekly calendar is up to date with her appointments, activities and family visits to support Cindy-Lou to be empowered and responsible for her schedule and not miss appointments.

Overview

<table>
<tr><th>Key Understandings of Challenges</th><th>Strengths, Interests and Motivators</th><th>Stressors and Triggers</th></tr>
<tr><td>• Substance use to meet her unmet needs for connection and avoid feeling pain and discomfort associated with grief and loss.
• High need for connection, yet this remains her greatest unmet need.
• Strained relationship with mom and other family members
• Experiences of significant life stressors, which have impacted her responses to stress, relationships and situations.</td><td>• Is resilient and confident in sharing her voice
• Is thoughtful and giving
• Loves music; especially listening to music while going on drives.
• Loves beauty products and routines, getting her nails done, doing makeup/hair and lashes
• Is socially/peer motivated</td><td rowspan="2">Biological/Sensory
• Being tired due to poor sleep or being woken up early
• Yelling

Cognitive
• “Why” questions from caregivers
• Not being understood or not having her voice heard
• Not getting what she wants or not having her demands met

Social/Emotional
• Perceived rejection or threat to connection with family, peers or caregivers
• Conflicts with family (mom and sister)
• Conflicts with peers
• Meeting new people</td></tr>
<tr><td colspan="2">Pro-active Supports and Accommodations</td></tr>
<tr><td>Biological/Sensory
• Making a blanket nest on the couch and watching a movie</td><td>Cognitive
• Gathering Cindy-Lou before asking questions; noticing and reflecting what you see in her body language. “Hey girl, you look furious/happy/sad.
• Avoid “why” questions and instead offer support. “Do you want to pick the music, and we can go for a drive?”
• Listening and validating how she is feeling or reflecting what she is saying so she knows you understand. “I hear you saying _____. I can understand why you’d think/feel that way because _____.”

Social/Emotional
• Consistency in responses across all caregivers
• More structure, routine and responsibility
• Support and guidance through conflicts with family.
• Connection through shared activities with new people</td></tr>
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Be Attuned to the Child/Youth's Early Signs

What the CHILD says and does		What the CAREGIVER can say and do
I look like...	**I want and need...**	**What works for me...**
I become fidgety in my body. My responses become short and sharp I use single words to answer to speak, such as, "yes," "no," or "why?" I swear more and will name call such as calling my caregivers, "fucking retard." My nostrils flare and eyes become wide. I will smoke weed to calm myself.	Someone to just listen to me and not judge me or interrupt me. No sugarcoating. Tell me things straight up. To feel cared for and to be treated like the kid I am. To feel understood by someone.	Going for drives to listen to music and talk. Take me to the spot in Batchelor Heights where I can see the view, walk around and "shake it off." Cook a meal with me, or for me. Make a blanket nest on the couch and watch a movie. Watch TikToks to find new hairstyles and do my hair for me.

Be Attuned to the Child/Youth's Escalated Signs

What the CHILD says and does		What the CAREGIVER can say and do
I look like...	**I want and need...**	**What works for me...**
My language becomes threatening such as, "I'm going to get you fired," or "you're not safe here." I wave my arms around really big when I talk. I slam doors and stomp around. I accuse caregivers of stealing things such as my lashes or makeup. I go on SnapChat and talk loudly to my friends about the caregivers in front of them.	I need space. I need to feel connection with someone. I need you to leave the room until I tell you to come back. I want my boundaries to be respected. I want to feel like I have some control in my life.	Let me vent and just listen to me and validate me; even if I'm yelling. Tell me, "I hear you, and I understand why you feel that way."

Monitoring the Plan:

- Cindy-Lou's team is Gertrude, Hazel, Daphne, and Margaret. Everyone follows the same rules and listens to Cindy-Lou's voice.
- Safety Journal
    - Maragret will complete the journal prompts daily and email all of them to Gertrude and Hazel every Monday. ***Please see prompts***
- Gertrude and Hazel meet with Daphne and Margaret ***every third Friday*** to review the plan.
- Hazel will adjust the plan as needed, in collaboration with Cindy-Lou's team.

Journal Prompts:

- Connection & Belonging:
    - How did the caregivers ensure that Cindy-Lou has a sense of connection and belonging each day? This includes with the caregivers themselves, and family members.
- Mood & Early Signs:
    - Were caregivers able to identify the warning signs highlighted in the Resource Stability Plan? Were these early or escalated signs (Be behaviorally specific)
    - Were there any warning signs that caregivers identified that are not in the plan that tell them that Cindy-Lou is escalating? (Be behaviorally specific)
- Stressors & Triggers:
    - What were the stressors and triggers that caregivers identified?
    - Please note any stressors not already included in the plan.
- Caregiver Use of the Plan:
    - How did caregivers implement the Resource Stability Plan to respond? (provide specific examples of the phrases and tools used)
    - In an instance where the caregivers' first response using the Resource Stability Plan does not work to address the warning signs, how do caregivers continue to address these? Did these things work or not work? (provide specific examples of the phrases and tools used and be behaviorally specific)
- Child/Youth's Response to the Plan:
    - What was Cindy-Lou's response to the caregiver's use of the plan?
- Regulation & Coping:
    - How did Cindy-Lou demonstrate an ability to engage in co-regulation, self-regulation or coping through distress?
- Safety Concerns:
    - Were any physical or emotional safety worries for Cindy-Lou observed by the caregivers?
- Repair & Reconnection:
    - Following an instance where caregivers cannot address the warning signs and an incident happens where Cindy-Lou escalates into conflict, threatens or physically hurts someone, something gets broken, youth worker or RCMP are called, what was the response that caregivers used from the plan to validate and repair connection with Cindy-Lou? (provide specific examples of the phrases and tools used)
- Child/Youth's Voice:
    - How did Cindy-Lou express her needs and how can we honour her voice as we move forward in caring for her the way she wants to be cared for?
- Caregiver's Voice:
    - How was the plan helpful for the caregivers to be able to support Cindy-Lou through difficult moments?

Scaling Questions to be used for monitoring the above plan:

0 – Key components of the Resource Stability Plan were not implemented consistently this week. The caregivers are confused or unclear about the plan and how to implement it; they continue to feel unprepared and unable to respond to Cindy-Lou in a way that supports de-escalation, connection, and safety. The caregivers continue to relate to Cindy-Lou as peers instead of responsible adults who can be trusted to take care of her. The caregivers do not support Cindy-Lou's connection with her mom and are not encouraging her to set healthy boundaries or supporting them to spend time together. This plan is not effectively guiding the caregivers to meet Cindy-Lou's needs for safety, connection, and belonging.	*10 – Many of the key components of the Resource Stability Plan were implemented consistently this week. The caregivers are clear about the plan and how to use it to respond to Cindy-Lou in a way that supports her and helps her feel safe and supported by the adults in her life. The caregivers are embracing the role of a responsible, safe adult in Cindy-Lou's life and are learning how to relate to her as a safe adult would. The caregivers understand the importance of Cindy-Lou having a connection with her mom at this time and are doing everything they can to encourage her to set healthy boundaries and support their time spent together. This plan is effectively guiding the caregivers to consistently meet Cindy-Lou's needs for safety, connection, and belonging.*

Number and Rationale for each person involved:

Next Review Date:

_____ _____

Caregiver/Resource Manager Signature (Print Name & Sign) Date (mmm/dd/yyyy)

_____ _____

Case Manager Signature (Print Name & Sign) Date (mmm/dd/yyyy)

_____ _____

Team Leader (Print Name & Sign) Date (mmm/dd/yyyy)

Gathering Our Love - EFFT Framework for Caregivers

Emotion Focused Family Therapy is a process designed to help you navigate challenging interactions with youth by focusing on emotional connection before moving to solutions. This document provides a step-by-step process and script builders to help you respond to children and youth in a way that allows you to model healthy relationships, help the child or youth identify and express their emotions and create a sense of safety and belonging.

<u>Step One: Connect</u>

Connection starts with you. Pay attention to your tone of voice, body language and energy and gather yourself before you interact with the youth. Don't take it personally if they yell at you or call you names. Stay on the same, consistent course and follow this guideline to first validate, reflect and demonstrate you understand where they are coming from.

A. Validate and show an understanding of their experience *from their point of view, not yours*.
    a. Examples of validation:
        i. I can understand why you…
        ii. I imagine you…
        iii. No wonder you…
        iv. It makes sense that you…
        v. When I put myself in your shoes, I can imagine that you…
    b. Examples of reflection:
        i. …might feel… (angry, disappointed, frustrated, worried etc.)
        ii. …think… (I took your phone charger/lashes/makeup, that this is unfair etc.)
        iii. …want to… (use the phone charger, yell at me, etc.)
        iv. …don't want to… (have company in here, go visit your mom etc.)
B. Demonstrate that you "get it" with authenticity and sincerity, and in a way that reflects their positive intentions, vulnerable feelings, or attempts for relief from pain. Give 1-3 examples of how you get it.
    a. Examples of authentic understanding:
        i. …because you've had so many people making choices for you lately that saying 'no' is the only way to feel like you have some power, I'm not seeing things from your perspective, and you're using the only words you know to express to me how much you're hurting.
        ii. because this room feels like the most comfortable spot to decompress, you're feeling overstimulated and need total quiet, and you value having your own space to just 'be'."
        iii. …because you've already dealt with more than your fair share of 'hard stuff,' you're tired of fighting with your mom, and you're just trying to protect yourself from feeling this way."
        iv. …because adults in your life haven't always been reliable, it's easier to be distant than it is to deal with the chaos and the drama, and you've learned to only count on yourself.

Step Two: Support & Guide

We often want to support and guide our children immediately but there is work that needs to be done first. Once you have validated her feelings, you move into offering support and practical solutions to help create the desired teachable moment.

A. Emotional support is about sitting in the mud with our youth. Some ideas for emotional support include giving comfort like a hug or loving words; providing reassurance that everything will be okay; communicate positive regard and belief in them; creating a sense of togetherness; and giving time-limited space when needed.
    a. Examples of emotional support:
        i. "I see how hard this is, and I'm here to hold the weight with you."
        ii. "I'm in your corner, and I'm not going to let you face this by yourself."
        iii. "It's okay to be done for today. You're doing the best you can."
        iv. "I'm not going to judge you for being angry; you've got every right to feel that way."
        v. "I'm here to be your shield; if things get hard, I'll be the one to step in."
        vi. "Why don't I give you a few minutes and we can try again."
B. Practical support is the action plan. It should be low-pressure, offer her control, and provide an exit ramp if they get overwhelmed. Types of practical support include creating a plan and following through with it; redirection or distraction; setting a limit; or offering a solution to the concern or worry.
    a. Examples of practical support:
        i. "Let's go for exactly 10 minutes. I'll set an alarm on my phone, and when it goes off, we leave; no matter what."
        ii. "What if we bring a deck of cards or a board game? That way, we aren't just sitting there staring at each other, and you don't have to talk if you don't feel like it."
        iii. "If you can't go inside today, let's just drive by and drop off a Gatorade or a snack at the front desk. You stay in the car, and I'll handle the rest."
        iv. "If we go in and you've had enough, just give me 'the look' or a text, and I'll make an excuse for us to get out of there immediately."
        v. "Let's do the visit, and afterward, we'll go hit that taco spot or go to the mall. We can use that time to decompress."

Example in action:
"It makes sense you're refusing to talk to your mom because you're tired of the yelling. I'm on your team, and I'll make sure the visit stops the second things get loud. How about we just go for 10 minutes and then go get a Starbucks and go for a drive?"

Script Builder

Step One: Start with Connection

If (child/youth) says, "I don't want to _____."

To establish connection, caregivers can respond first with validation: "I can understand why you wouldn't want to _____" and then with a demonstration of understanding: "...because _____."
(Select 1-3 reasons from the "Validation" categories below.)

If (child/youth) says, "Get out of my room!" or "Give me my phone!" or "I want food right now!"

To establish connection, caregivers can respond first with validation: "I hear that you want me to _____" and then with a demonstration of understanding: "...because _____."
(Select 1-3 reasons from the "Validation" categories below.)

If the child/youth calls you a name or says, "You're a jerk/You're mean/I hate you!"

To establish connection, caregivers can respond first with validation, "I hear that you are really angry with me right now" and then with a demonstration of understanding, "because _____."
(Give 1-3 examples of why you understand. See examples below.)

If the child/youth slams a door, throws something, or says, "This place sucks!"

To establish connection, caregivers can respond first with validation, "I can see that you're feeling totally fed up with everything here" and then with a demonstration of understanding, "because _____." (Give 1-3 examples of why you understand. See validation examples below.)

Validating the Mental Shift:
Because…

- "...you had your mind all set on doing [Activity X] and it's hard to change your brain's focus so fast."
- "...you like to know exactly what's coming next, and right now everything feels a bit up in the air."
- "...it's a lot of work to adjust to a new plan when you were already prepared for the old one."

Validating the Sense of Fairness/Disappointment:
Because…

- "...it feels unfair that the thing you were looking forward to isn't happening anymore."

- "...you were counting on [Plan A] and now it feels like the rug was pulled out from under you."
- "...it's frustrating when things change and you didn't have any say in the decision."

Validating the Anxiety of Uncertainty:
Because…
- "...not knowing exactly what's going to happen next can feel really unsettling or even scary."
- "...you prefer a steady routine and this change feels chaotic."

Validating Autonomy and Choice:
Because…
- "...nobody likes being told what to do when they're right in the middle of something else."
- "...it feels like you don't have a choice in the matter, and that can feel unfair."

Validating the Stop of a Preferred Activity:
Because…
- "...that game is right in the middle of a level and it's frustrating to stop now."
- "...you were having a really great time with your friends and it's hard to leave when you're having fun."
- "...you've been looking forward to this all day and now it feels like the time was too short."

Step Two: Offer Support

To offer emotional support, caregivers can select a phrase from the examples below to show the child/youth that they are there to help them and then follow it up with a practical solution or collaboration to solve the challenge they are having.

For example, "It makes sense that you'd feel that way, anyone would in your shoes. (emotional support) I can see that the way I responded hurt you, and that's not okay. How can I support you better next time? (practical support)

Let's look at our examples from step one and complete the responses.

If child says: "I don't want to go to my therapy appointment!"
- **Connection:** "I can understand why you wouldn't want to go to your appointment because...
    1. ...you're finally relaxed and comfortable here at home.
    2. ...it's a lot of work to adjust to a new plan when you were already prepared to just hang out.
    3. ...talking about hard things can feel really overwhelming when you're already tired."
- **Support:** "You're scared, and that matters. I want to understand that better. (Emotional) Would it help if I came with you to the appointment and we stayed together the whole time? (Practical)"

If child says: "Give me my phone right now! I hate that you took it!"

- **Connection:** "I hear that you want me to give you your phone back immediately because...
    1. ...that phone is your main way of talking to your friends and you feel lonely without it.
    2. ...it feels unfair that you didn't have a say in this decision.
    3. ...you've been looking forward to using it all day and now it feels like your time was cut short."
- **Support:** "It sounds like you feel really alone in this. (Emotional) Let's figure this out together; what are the steps we need to take so you can get it back for an hour this evening? (Practical)"

If child says: "You're such a jerk! You're just like all the other mean adults!"

- **Connection:** "I hear that you are really angry with me right now because...
    1. ...nobody likes being told what to do when they're right in the middle of something else.
    2. ...it makes sense that you'd feel that way given what you've been through with other people in charge.
    3. ...it feels like the rug was pulled out from under you with this new rule."
- **Support:** "You don't have to be strong all the time. It's safe to feel what you feel here. (Emotional) I didn't realize how much that rule change affected you; thank you for telling me. Can we talk about what happened so I can make it right? (Practical)"

If child says: [Slams door] "This place sucks! I hate being here!"

- **Connection:** "I can see that you're feeling totally fed up with everything here because...
    1. ...you prefer a steady routine and right now everything feels chaotic and up in the air.
    2. ...it's frustrating when things change and you don't feel like you have any control.
    3. ...not knowing exactly what's going to happen next can feel really unsettling or even scary."
- **Support:** "I'm here with you, and you're not alone in this. (Emotional) How about we check in every evening at 7:00 PM so we can go over the plan for the next day and make things feel more stable? (Practical)"

Examples of Emotional Support Sentences:

Normalization

- "It makes sense that you'd feel that way, given what you've been through."
- "Of course you're overwhelmed; anyone would be in your shoes."
- "There's nothing wrong with feeling that. Emotions are part of being human."

Empathy

- "I hear that you're really hurting right now. That's hard."
- "It sounds like you feel really alone in this."
- "You're scared, and that matters. I want to understand that better."

Creating Safety

- “I’m here with you, and you’re not alone in this.”
- “We can figure this out together; you don’t have to do it all on your own.”
- “You’re important to me, and I want to understand how you’re feeling.”

Encouragement of Emotional Expression

- “It’s okay to let that out here; you don’t have to hold it in.”
- “You can tell me what’s really going on inside. I’m listening.”
- “You don’t have to be strong all the time. It’s safe to feel what you feel.”

Examples of Practical Support/Collaboration Suggestions:

Repair and Reconnection

- “I see now that I hurt you, and that is not okay. How can I support you better next time?”
- “Can we talk about what happened? I want to make things right.”
- “I didn’t realize how much that affected you; thank you for telling me.”

Offering Concrete Help

- “What can I do right now that would help you feel more supported?”
- “Would it help if I came with you to the appointment?”
- “I can help you organize your schedule, so things feel less overwhelming.”

Showing Reliability and Follow-Through

- “I’ll pick you up after school every day this week; no need to worry.”
- “I’ll set a reminder, so I don’t forget. This matters to me.”
- “I’ll talk to your teacher with you if that would make it easier.”

Collaborating and Problem-Solving

- “Let’s figure this out together; what are the steps we need to take?”
- “Do you want to make a plan for tomorrow, so it doesn’t feel so chaotic?”
- “I can help you write that email if it feels too hard to do on your own.”

Supporting Self-Efficacy with Backup

- “You’ve got this and I’m here if you need me.”
- “You can try it yourself, and if you get stuck, I’ll step in.”
- “I believe in you, but I’ll stay close just in case.”

Restoring Structure and Predictability

- “Let’s make a routine together so things feel more stable.”
- “How about we check in every evening so we both know how the day went?”
- “I’ll be there at 6pm sharp so you know you can count on me.”